

# New Research From Clinical Psychological Science

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Read about the latest research published in *Clinical Psychological Science*:

## [Investigating an Incentive-Sensitization Model of Eating Behavior: Impact of a Simulated Fast-Food Laboratory](#)

*Michelle A. Joyner, Sally Kim, and Ashley N. Gearhardt*

The incentive-sensitization theory suggests that compulsive eating behaviors are driven more by “wanting” (the motivation to consume a substance) than by “liking” (hedonic pleasure). “Wanting” and “liking” are hypothesized to be distinct only in the presence of substance-related cues — cues that may affect other motivations to consume food, such as hunger. Participants completed a self-report measure of hunger and food “wanting” before entering into either a naturalistic fast-food environment or a neutral laboratory environment. Participants then completed a behavioral measure of “wanting” in which they pressed a button to earn tokens that could be exchanged for food or video-game playing time. After this task, participants again reported their levels of hunger and “wanting” and were able to redeem their tokens. Finally, participants were given access to ad libitum amounts of snack foods and asked to rate their “liking” of the foods they consumed and the games they played during the study. Feelings of hunger, food consumption, and ratings of “wanting” — but not “liking” — were found to be greater in the naturalistic food laboratory compared with the neutral food laboratory. Hunger and wanting were found to mediate the relationship between environment and total food consumption. These findings provide insight into potential targets for overeating and obesity.

## [Physiological Markers of Interpersonal Stress Generation in Depression](#)

*Jessica L. Hamilton and Lauren B. Alloy*

In this study, the researchers examined potential processes underlying associations between abnormalities in parasympathetic nervous system activity and depression. Adults between the ages of 18 and 22 who had experienced at least one major or minor subthreshold depressive episode completed a baseline assessment and a 2-week daily diary. During baseline testing, participants were assessed for past and current psychopathology and for their experiences of several major and minor life events. Participants also completed a stress-induction task during which their heart rate variability was measured. Participants then were asked to keep a daily diary in which they reported major and minor negative life events that they had experienced during the 2-week time period. Lower levels of respiratory sinus arrhythmia (RSA) at baseline predicted greater daily depressive symptoms over the 2-week period. Interpersonal dependent stressors were found to mediate the relationship between RSA reactivity and depressive symptoms. The researchers also found that women with lower resting RSA were more likely to report depressive symptoms than women with higher resting RSA. Taken together, these findings highlight the importance of resting RSA and RSA reactivity in the risk for depression.

[Mental Defeat and Cumulative Trauma Experiences Predict Trauma-Related Psychopathology: Evidence From a Postconflict Population in Northern Uganda](#)

*Sarah Wilker, Birgit Kleim, Angelika Geiling, Anett Pfeiffer, Thomas Elbert, and Iris-Tatjana Kolassa*

Mental defeat, a state of mentally giving up during a traumatic event, is recognized as one of the most important peritraumatic predictors of PTSD in violent assault survivors, yet most research in this area has focused on industrialized populations reporting few traumas. The present study investigated whether mental defeat would predict PTSD beyond the effects of cumulative trauma exposure in survivors of mass conflict in northern Uganda, a region affected by war for 2 decades. Participants were interviewed to measure the amount of trauma exposure, extent of mental defeat for their worst traumatic event, diagnosis of current and lifetime PTSD, symptom severity of PTSD, and dissociative symptoms. They found that mental defeat strongly predicted lifetime PTSD prevalence and current PTSD symptom severity, and it had a strong positive effect on dissociative symptoms. The authors concluded that peritraumatic mental defeat should be assessed and directly targeted during the therapeutic process.